

**APPLICATION FOR RESTRICTED CERTIFIED COPY  
OF A BIRTH OR DEATH RECORD**

***PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING***

<b>1</b>	<div style="display: flex; justify-content: space-between;"><div><b>Registrant Information:</b> BIRTH/DEATH (CIRCLE ONE) Name: _____                     First                    Middle                    Last Date of Birth/Death: _____ City of Birth/Death: _____                     Month, Day, Year Father's Name: _____                     First                    Middle                    Last Mother's Maiden Name: _____                     First                    Middle                    Last</div><div><b>Number of copies requested:</b> _____</div></div>
<b>2</b>	<b>Applicant Information:</b> Name: _____ First                    Middle                    Last Address: _____ Number and Street                    City                    State                    Zip Code Mailing Address: _____ If different than above    Number and Street                    City                    State                    Zip Code Telephone Number: _(____)_____ With Area Code
<b>3</b>	<p>Anyone may obtain a restricted certified copy of a birth or death record. The record is for informational purposes only and may not be used to establish identity. Restricted copies will have across the face of the document the words:</p> <p>“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”</p> <p>If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy of a birth or death record.</p>
<b>4</b>	<div style="border-bottom: 1px solid black; height: 100px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">APPLICANT SIGNATURE: _____ DATE: _____</div></div> <div style="border-top: 1px solid black; padding-top: 10px;"><b>Office use only:</b> Receipt # _____ Paper # _____ Date _____  Clerk _____ Cash _____ Check# _____ MO# _____ Pick up _____ Mail _____</div>

**INSTRUCTIONS TO COMPLETE APPLICATION FOR  
RESTRICTED CERTIFIED COPY OF A BIRTH OR DEATH RECORD**

<b>1</b>	<b>Certificate Information:</b>  Print or type number of copies requested Print or type name of registrant/decedent Print or type date of birth/death Print or type city of birth/death Print or type father's name Print or type mother's maiden name
<b>2</b>	<b>Applicant Information:</b>  Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different then address above Print or type telephone number of person ordering copy, including area code
<b>3</b>	If you need a certified copy to obtain a driver's license, passport, or register for insurance coverage you should not use a restricted certified copy of a birth or death record. Please refer to information on unrestricted certified copies.
<b>4</b>	Applicant signs and dates application in the appropriate spaces.

**NOTE:** When ordering by mail, send original application and appropriate fees with money order payable to:

Fresno County Recorder  
P.O. Box 766  
Fresno, CA 93712